

FIG. 1

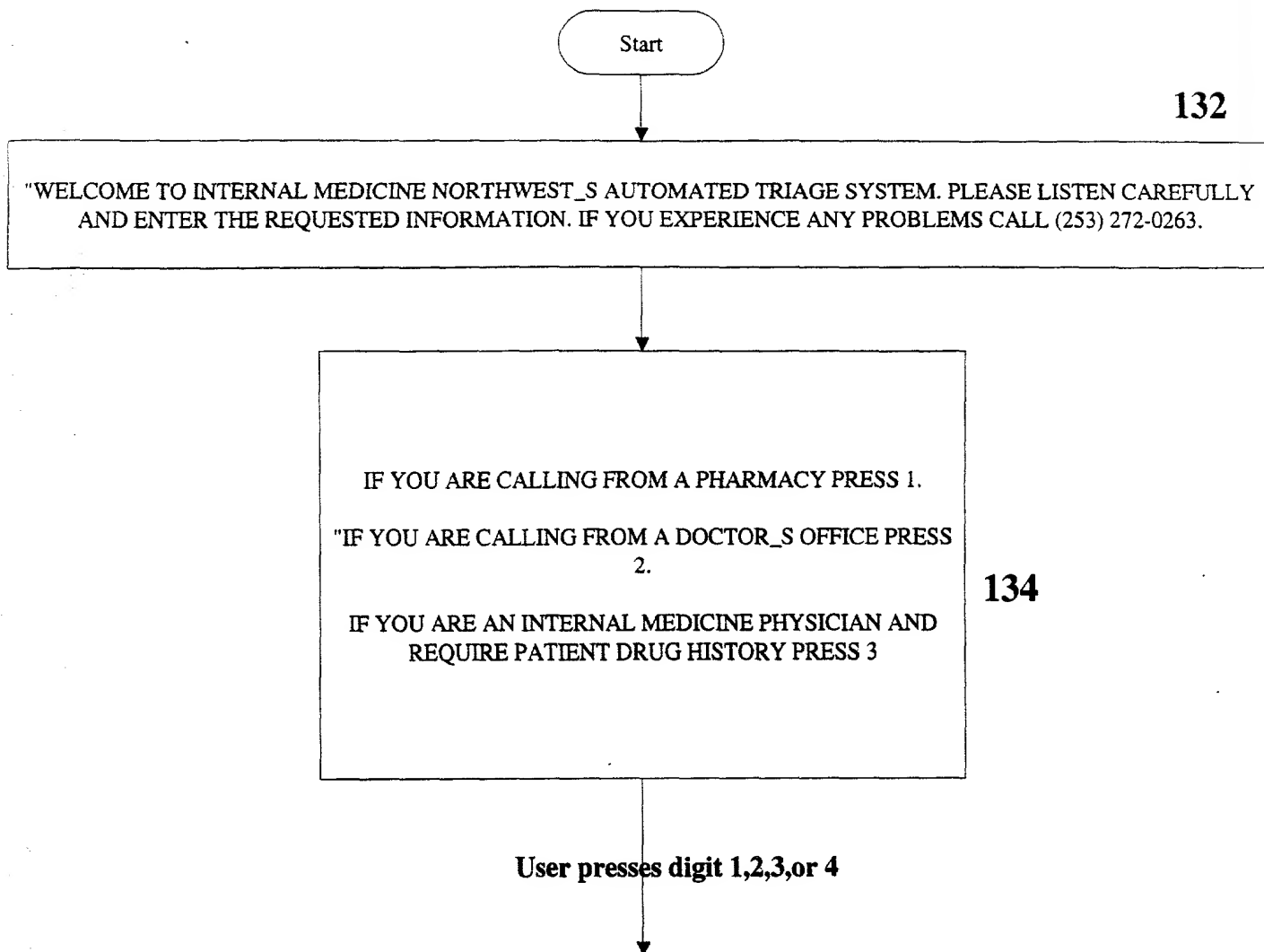


FIG. 2

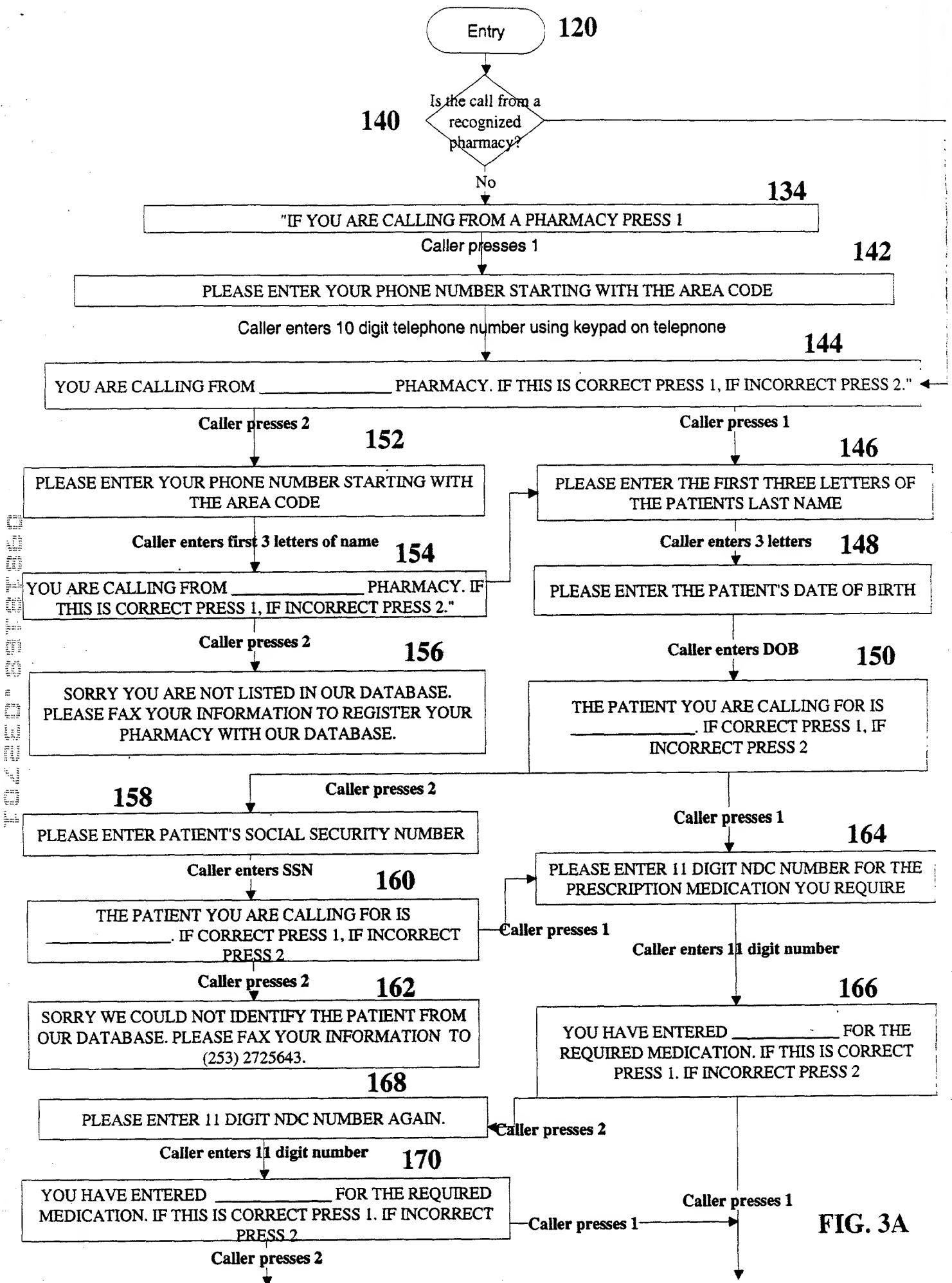


FIG. 3A

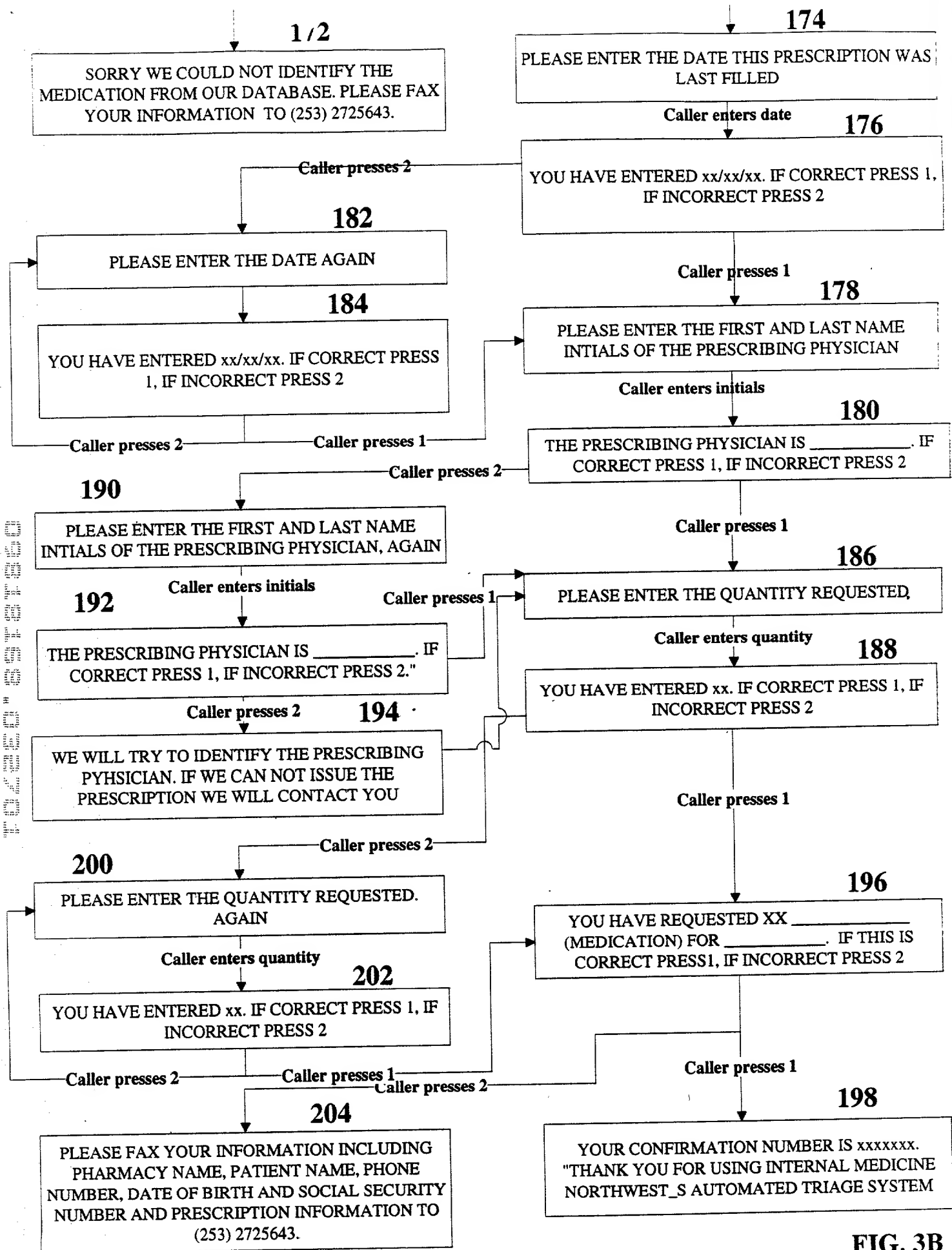


FIG. 3B

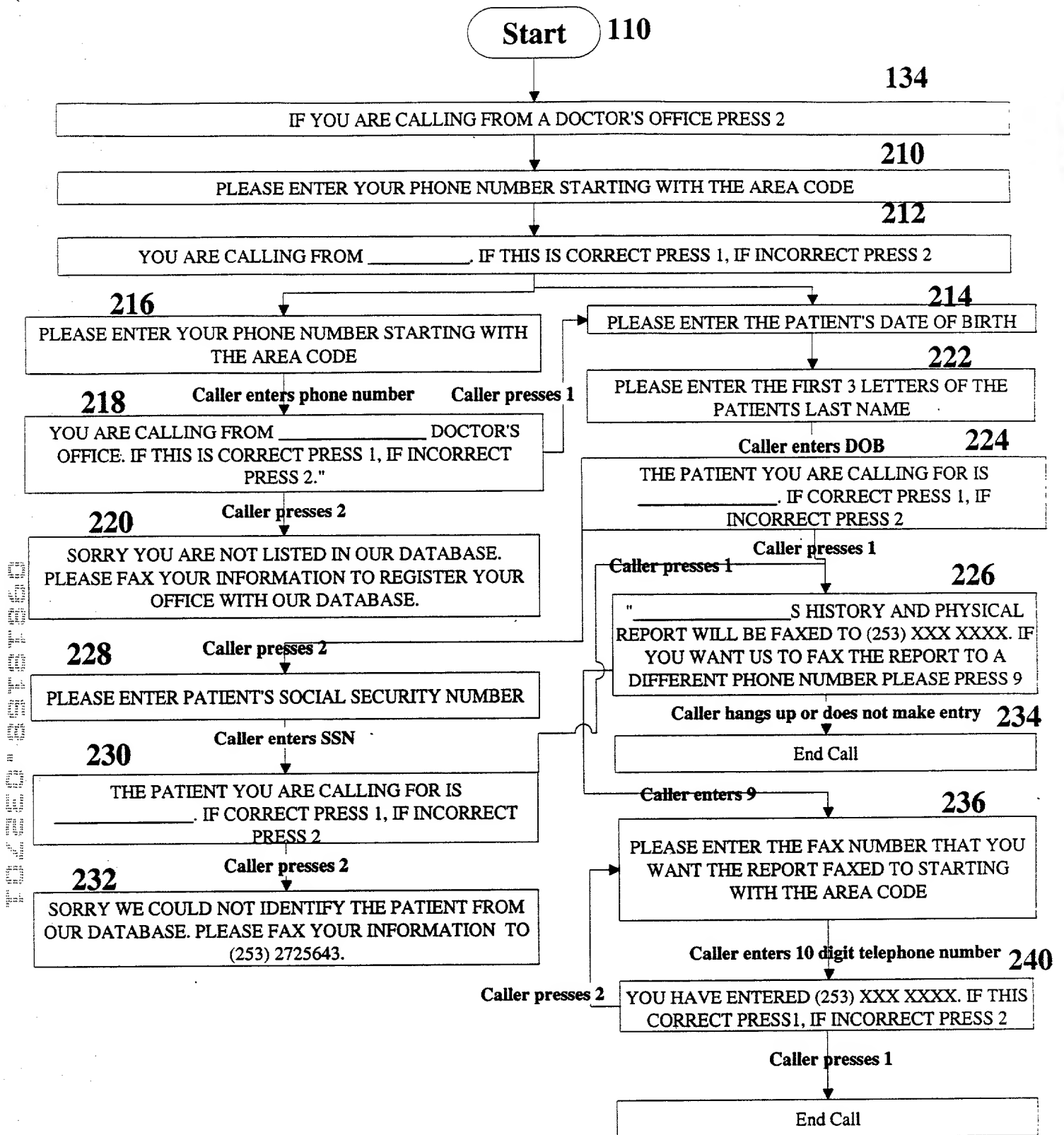


FIG. 4

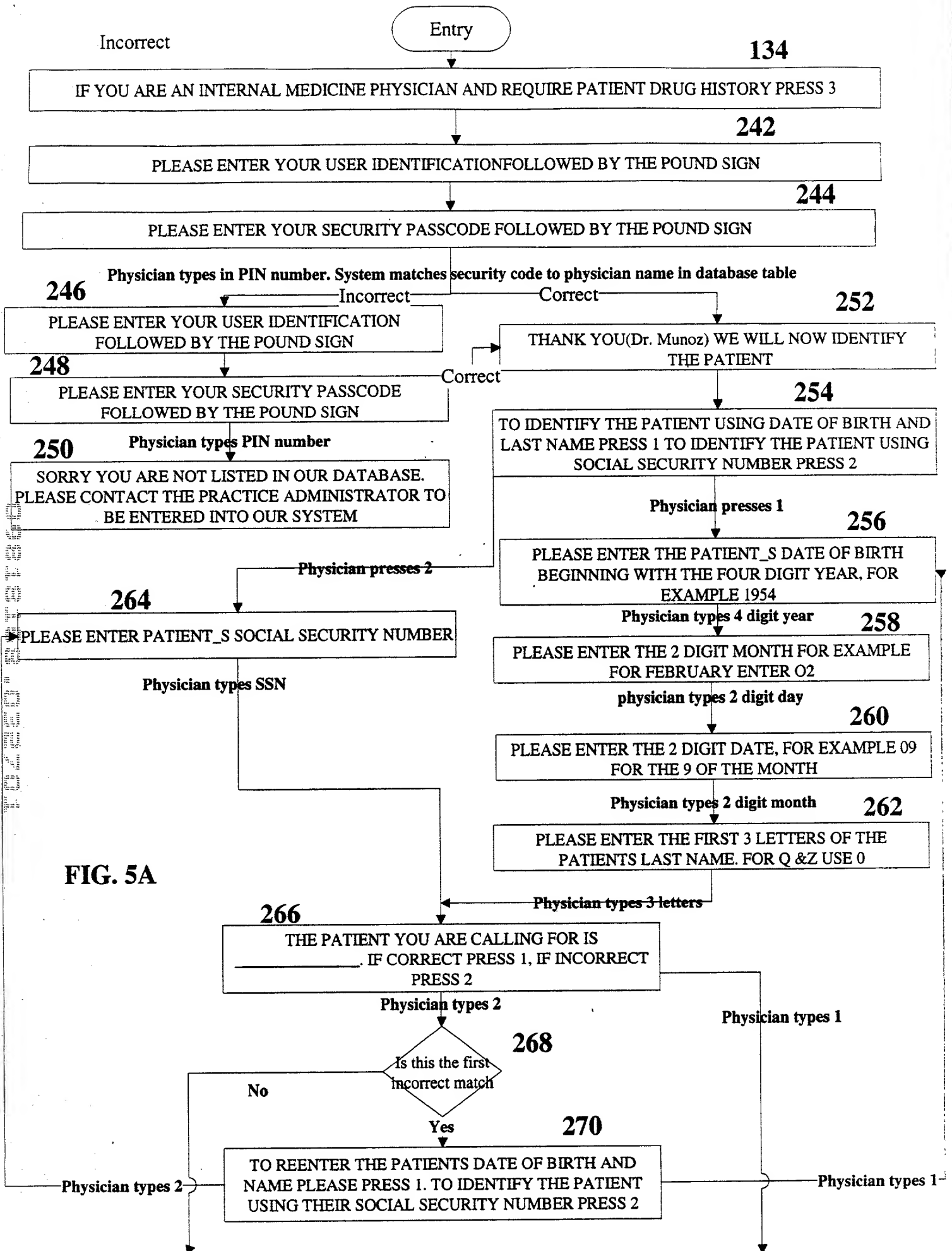


FIG. 5A

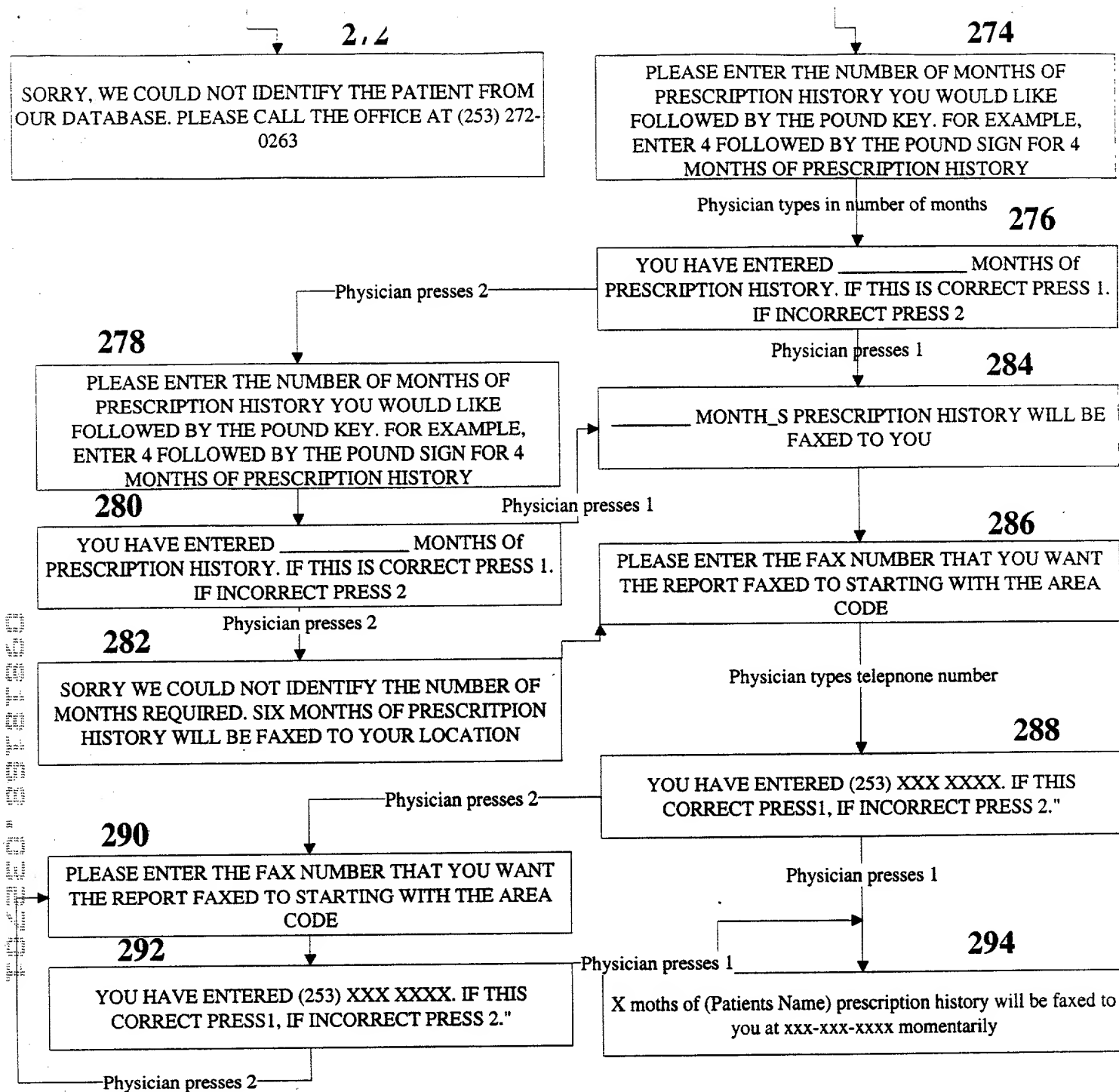


FIG. 5B

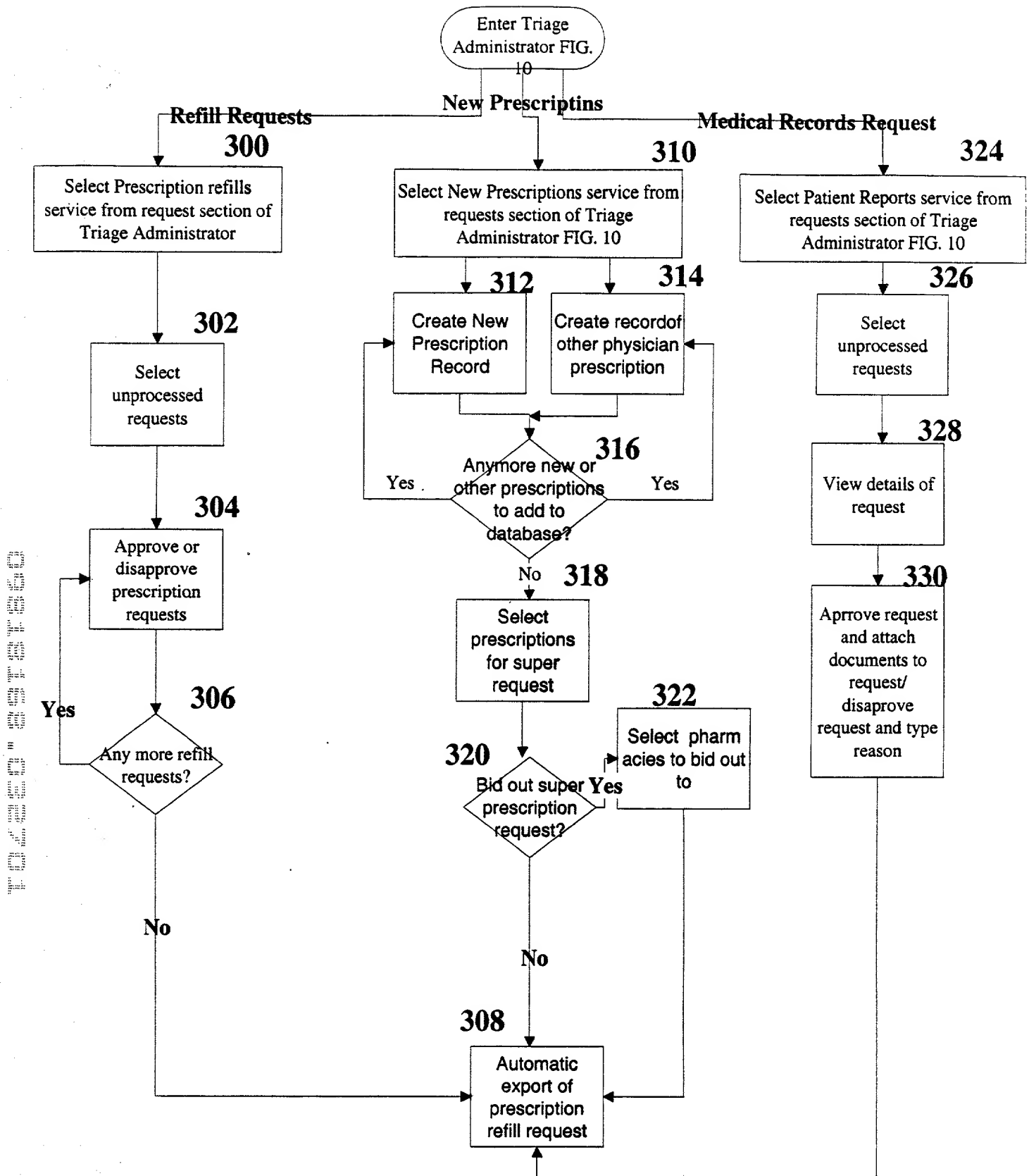


FIG. 6

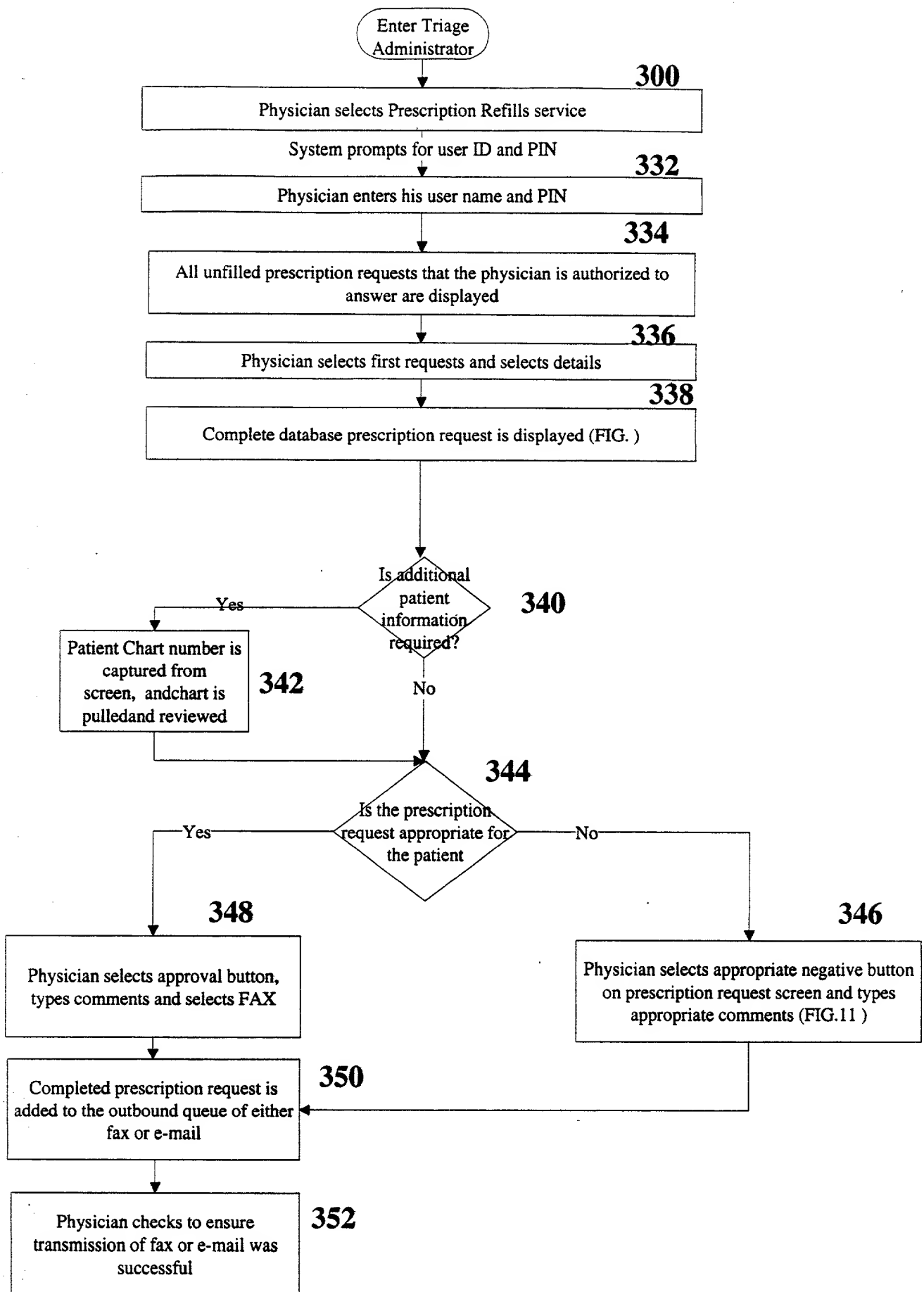


FIG. 7

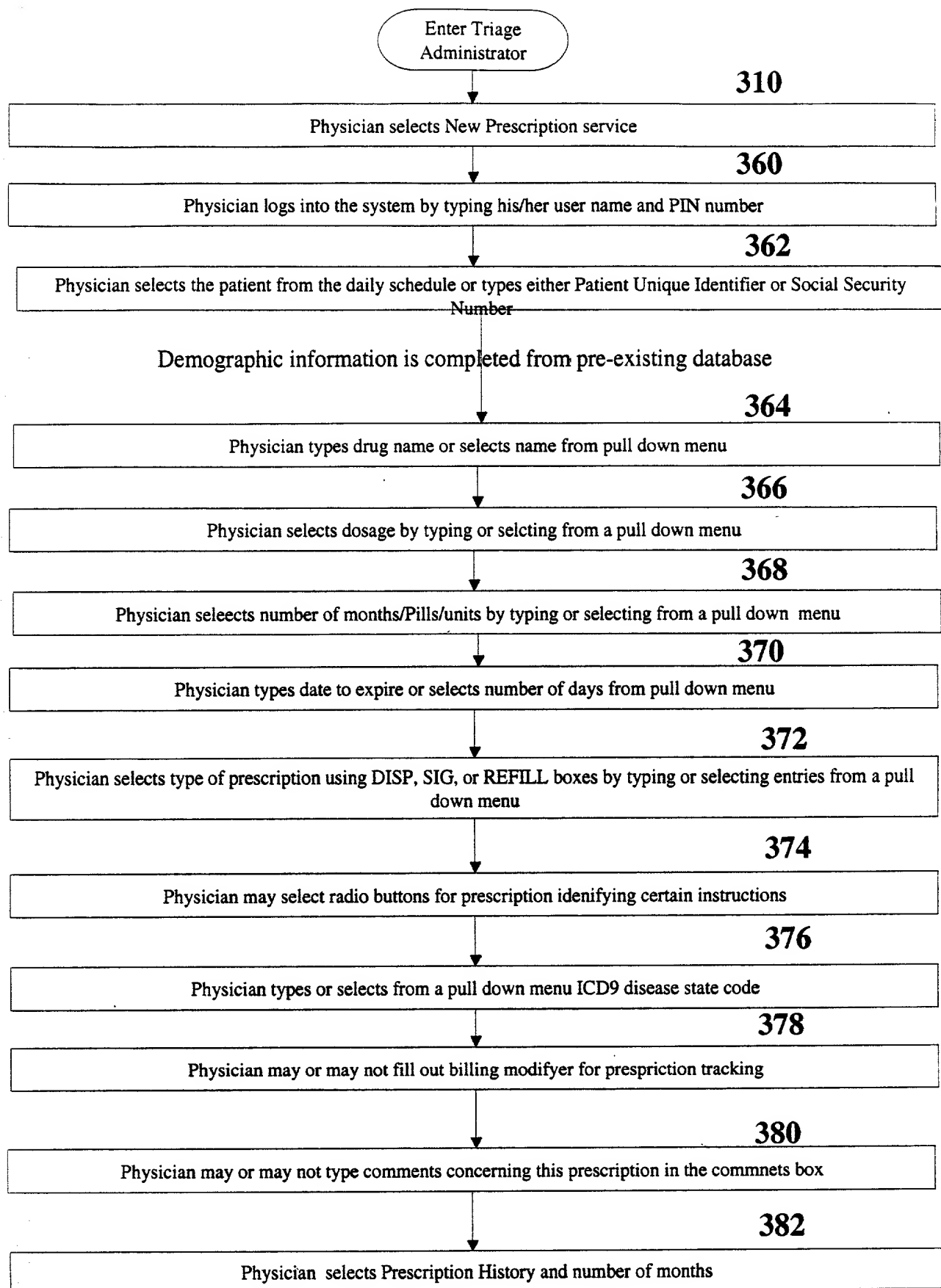
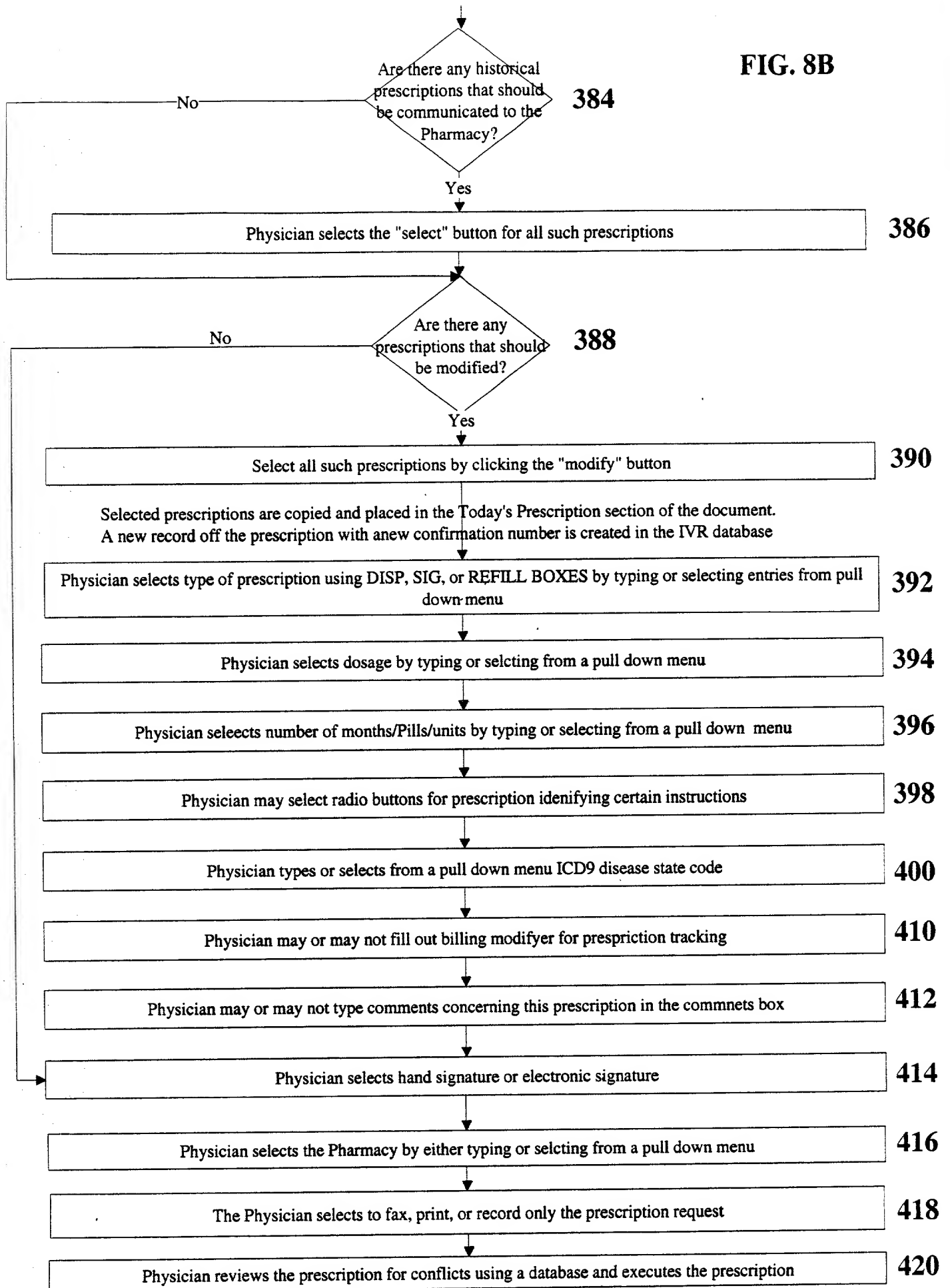


FIG. 8A

FIG. 8B



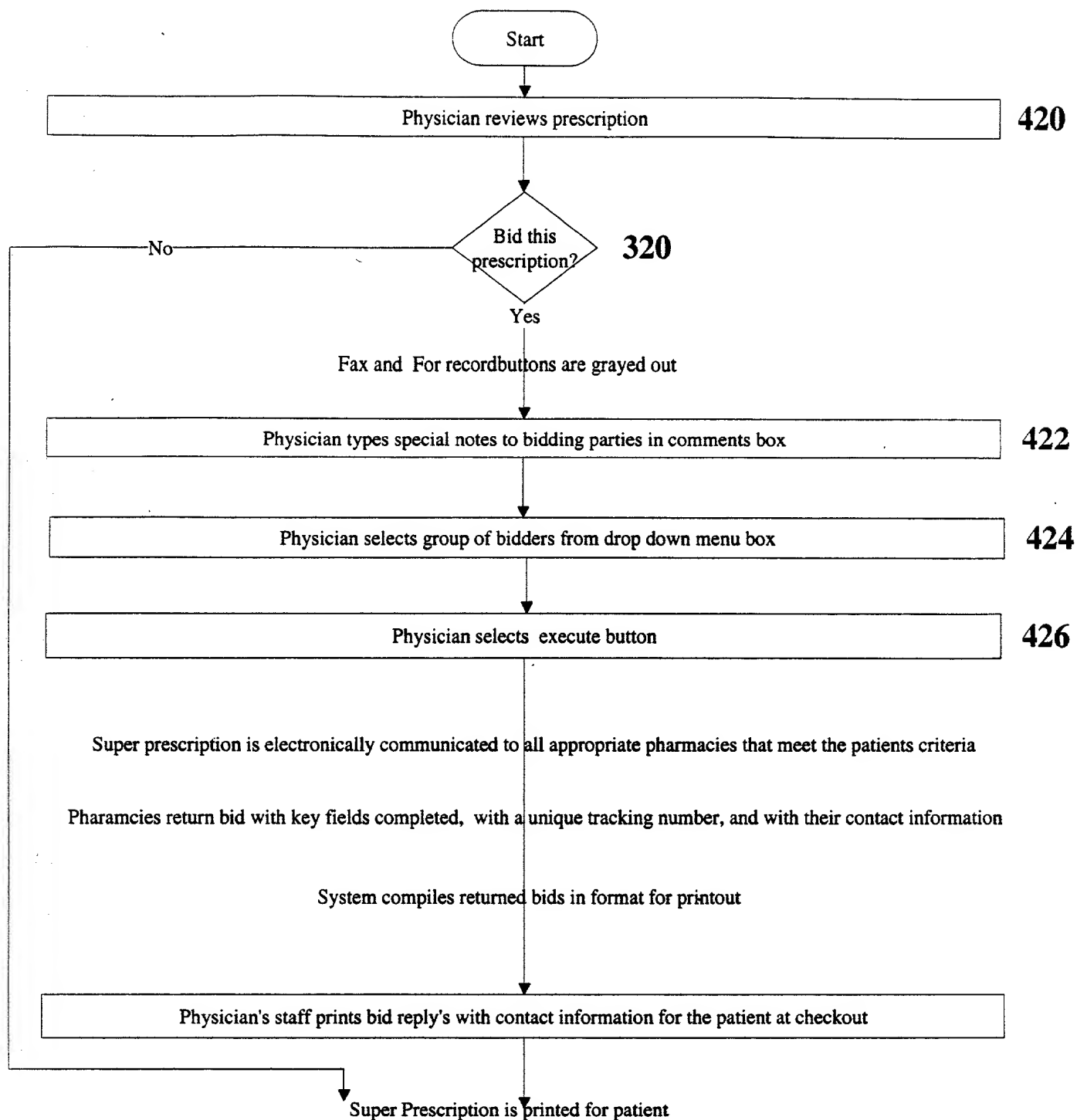


FIG. 9

Internal Medicine Northwest's Automated Triage System

Data Administration:

Doctor's Offices

Nursing Homes

Pharmacies

Physicians

Patients

Medication List

Requests:

Prescription Refills

Patient Reports

Voice Mail

Fax Admin

Print Schedule

New Prescription



THE WHITTIER GROUP

A Change Management Company



FIG. 10

Prescription Refill Request

(Details)

Confirmation Number: 00004083
Date: 1999/12/05
Time: 14:53:28
Location: Chung Pharmacy
Phone Number: 2535842484
Fax Number: 2532725643
Social Security #: 558-06-33
Patient Name: Munoz, Michael
wp#:
Medication and Dosage: 250 MG \ CECLOR PULVULES
Prescribing Physician: Munoz, David
Quantity: 30
Last Refill Date: 1999/09/01

☒ Processed

Fax Reply

Processing Staff:

Mike Munoz

Date: 1999/12/05

Time: 20:55:40

Comments:

- ☒ Approved
☐ Patient must schedule an appointment
☐ Patient is not on this medication or medication is not appropriate
☐ Our physicians do not treat this patient
☐ We will call you in reference to this request

Print

Done

FIG. 11

Patient Report Requests

(Details)

Date	1999/12/05
Time	22:13:16
Report Type	History and Physical
Destination Type	Nursing Home
Destination Name	Orchard Park East Wing
Phone Number	313
Fax Number	2532725643
Patient Name	SHELDEN, COLLEEN
Social Security #	504285820
wp #	66

☒ Processed

Print

Done

FIG. 12

Prescription Generator

Patient

First Name	Last Name	Social Security Number	Date of Birth	Patient Unique ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		City	State	Insurance
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number	e-Mail			
<input type="text"/>	<input type="text"/>			

Today's Prescription

Date to Expire	DISP.	SIG.	REFILL	Name of Drug	Dosage	Number of months/Pills/Units	NDCNumber	Substitution Permitted	Dispense as Written	May sub. Formulary Equivalent w Notification
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Comments				Discontinue	Allergic to	Intollerant to
				<input type="text"/>				<input type="text"/>	<input type="text"/>	<input type="text"/>
				ICD9						

Prescription History

Past ☐ Months Include Prescription History? ☐

Date to Expire	DISP.	SIG.	REFILL	Name of Drug	Dosage	Number of months/Pills/Units	NDCNumber	Substitution Permitted	Dispense as Written	May sub. Formulary Equivalent w Notification
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Comments				Discontinue	Allergic to	Intollerant to
				<input type="text"/>				<input type="text"/>	<input type="text"/>	<input type="text"/>
				ICD9						

Date to Expire	DISP.	SIG.	REFILL	Name of Drug	Dosage	Number of months/Pills/Units	NDCNumber	Substitution Permitted	Dispense as Written	May sub. Formulary Equivalent w Notification
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Comments				Discontinue	Allergic to	Intollerant to
				<input type="text"/>				<input type="text"/>	<input type="text"/>	<input type="text"/>
				ICD9						

Medical Practitioner

Pharmacy

Signature

Comments

Review
Prescription

Execute

Bid Prescription?

Ph: (253) 272-5076
After Hrs., (253) 272-4964
Fax: (253) 272-5643
Rx Refill: 627-8865 ONLY

Internal Medicine Northwest
Frank S. Baker Center, Suite 304
316 Martin Luther King Jr. Way, Tacoma, WA 98405

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FIG. 13

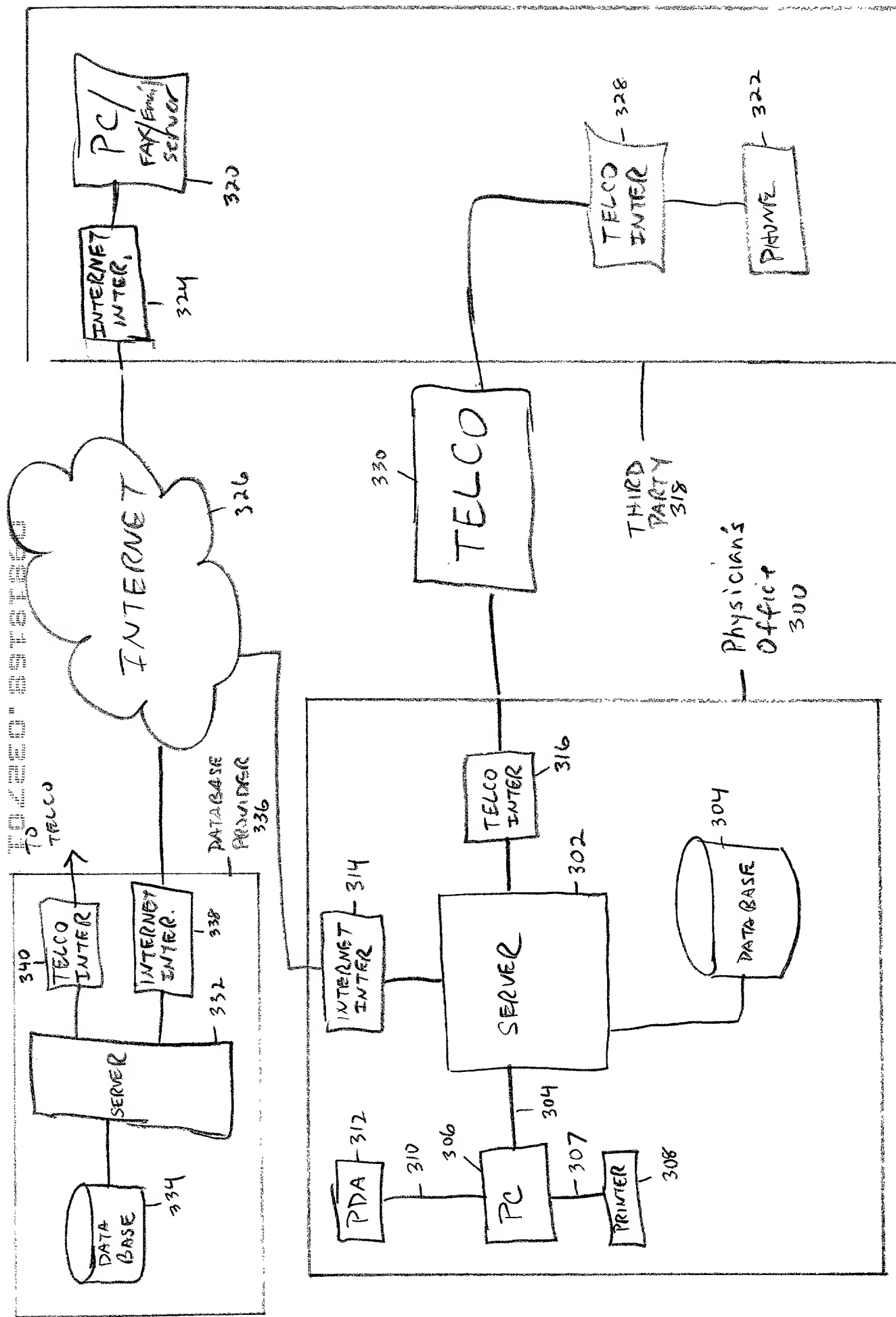


FIG. 14